



REQUEST FOR WAIVER OF DIRECT DEPOSIT REQUIREMENT

State Form 52254 (R / 3-07)

Approved by State Board of Accounts, 2007

PERSON'S OR
BUSINESS' NAME

ADDRESS

FEDERAL ID/
SOCIAL SECURITY
NUMBER

DAYTIME TELEPHONE

CONTACT PERSON

_____ requests a waiver of the direct deposit require-
(person/agent or owner/officer of business)
ment set forth in Indiana Code 4-13-2-14.8. Consistent with this law, the Auditor of State may
grant a person's or business' request for a waiver, if:

- 1) The person/business does not currently have a savings or checking account and is unable to establish such an account within the person's geographic area or business' geographic area of the primary business location, without payment of a service fee; and
- 2) Submitted with this waiver request is a written statement from person's or business' financial institution of the inability to establish an account without the payment of a fee.

The Auditor of State has sole discretion to determine whether the facts of a person's or business' particular case warrant a waiver of the direct deposit requirement, consistent with Indiana Code 4-13-2-14.8. Also, in accordance with this law, these facts must be set forth in a letter submitted with this waiver request.

Signing below represents that it is understood by all parties that:

- 1) if this request for waiver of direct deposit is approved, payment(s) to the person or business will be mailed to the current address for the person or business in the Auditor's file;
- 2) this waiver is only valid for one year from the date in the box below; and
- 3) it is the responsibility of the person or business to provide new information or request a new waiver in eleven (11) months from the date below, or payment(s) will be held with no liability to the State of Indiana or its agencies.

Signature/Title

Date

FOR AUDITOR OF STATE USE ONLY

☐ Approved

☐ Denied

Auditor of State _____

Date _____